

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045327

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

3162

FILED NOV 19 1962

VS 300  
Rev. 4/59

14000

2 215

3

4 0

5 0

6

7 0

8 1

9 420.1

10

11

12 48.0

13

48

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY **ST. LOUIS**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **JEFFERSON BARRACKS, MO.**

Length of stay in 1b  
**1777 DAYS**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSPITAL**

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** b. COUNTY

c. CITY OR TOWN **ST. LOUIS**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**4001 SCHILLER PLACE**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
**FREDERICK HERMAN KOHLWES**

4. DATE OF DEATH  
Month Day Year  
**OCTOBER 30, 1962**

5. SEX  
**MALE**

6. COLOR OR RACE  
**WHITE**

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**10-28-02**

9. AGE (last birthday) **60**  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**IRON WORKER**

10b. KIND OF BUSINESS OR INDUSTRY  
**RAIL ROAD**

11. BIRTHPLACE (City and state or country)  
**ST. LOUIS, MO.**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**HENRY KOHLWES**

13b. MOTHER'S MAIDEN NAME

**CAROLINE WOLF**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**YES WW-2**

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address **ST. LOUIS, MO.**  
**MR. ERWIN W. KOHLWES, 4001 SCHILLER PLACE**

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **ACUTE MYCARDIAL INFARCTION**

INTERVAL BETWEEN ONSET AND DEATH  
**4 DAYS**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**ENDOCARDITIS**

**LOBAR PNEUMONIA, BILATERAL LOWER LOBES: SUBACUTE BACTERIAL**

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **12-18-57** to **10-30-62** and last seen **10-30-62**

Death occurred at **2:20 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

**Paul Stronsdorf** (Degree or title)

22b. ADDRESS

**M.D. VA HOSP. JEFF. BRKS. MO.**

22c. DATE SIGNED

**10-30-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

**Burial Nov. 2, 1962 New St. Marcus Cemetery**

23c. NAME OF CEMETERY OR CREMATORY

**St. Louis County, Missouri**

23d. LOCATION (City, town, or county)

24. FUNERAL DIRECTOR

ADDRESS

**WACKER-HELDERLE-3634 Gravois Ave.**

25. DATE RECD. BY LOCAL REG.

**11-1-62**

26. REGISTRAR'S SIGNATURE

**John B. Murphy M.D.**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James M. Bullo*  
\_\_\_\_\_  
Licensed Embalmer No. 4375

P. O. Address Levin 14 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.